Advanced Practice Provider Grand Rounds: Improving Interdepartmental Networking

DNP Final Project

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Abstract

Advanced Practice Provider Grand Rounds (APPGR) at The Ohio State University Wexner Medical Center (OSUWMC) was implemented in March 2015 to create more opportunities for advanced practice providers (APPs) to network and consult with one another while gaining continuing education. By developing more opportunities for interdepartmental networking and communication in the organization, the potential exists to improve overall patient outcomes. Physicians who were asked about the relevance of grand rounds expressed that they like the connections they make person-to-person and are more prepared to make referrals to specialists they have met at grand rounds events (Howell, 2010). The purpose of this DNP project was to determine if APPs at OSUWMC feel that their participation in APPGR makes them more likely to seek advice or information from an APP outside of their own department. The design used for this project was an observational correlational design so that the relationship between participation in APPGR and APPs' confidence level in reaching out to APPs in other departments for advice or information could be evaluated immediately following participation in an APPGR event. The data was collected following three face-to-face bimonthly APPGR events. The instrument used was an exit survey with a simplified, task-specific self-efficacy scale to measure the confidence level of the APP in reaching out to APPs in other departments at the conclusion of the APPGR session. The utilization of APPGR was determined to be favorable as a means of increasing interdepartmental APP networking at OSUWMC. Improved marketing of such events as well as the opportunity of additional time for face-to-face interactions among APPs at live events would be beneficial in the future.

Advanced Practice Provider Grand Rounds: Improving Interdepartmental Networking

Chapter One: Nature of the Project

Introduction to the Problem

Advanced practice registered nurses (APRNs) and physician assistants (PAs) together, for the purposes of this project, were identified as advanced practice providers (APPs). APPs have had few opportunities to step away from direct patient care to network with other APPs at The Ohio State University Wexner Medical Center (OSUWMC). This lack of opportunity for interdepartmental networking in such a large organization lends itself to these providers working in silos, becoming experts within their specialty or department, without reaching out to other APPs in the organization to consult with them or share their expertise. When the author approached some APPs informally to inquire as to why they do not reach out to other APPs within the organization, knowing that they could benefit from their expertise, the primary answer was that they are unfamiliar with which APPs work in the various departments and specialties within the organization and, therefore, lack the confidence to reach out to individuals with whom they have had little to no contact with in the workplace.

In August of 2014, a needs assessment of OSUWMC APPs revealed the following key points (Appendix A):

- APPs think that a regularly scheduled continuing education process for APPs could lead to improved patient outcomes.
- APPs think that continuing education opportunities should be provided by their employer.
- APPs value the ability to contact an advanced practice colleague directly with a patient care question that requires expertise in another specialty.
- APPs would like to have more opportunities to network with other APPs at their workplace.

The needs assessment led to the implementation of bimonthly APP Grand Rounds (APPGR) in March of 2015 to improve interdepartmental collegiality and networking among APPs in various departments. Interdepartmental networking is defined as seeking advice or using information gained from interactions with APPs in other departments or specialties. Howell (2010) described that the person-to-person connection that comes from providing routine networking opportunities for health care providers in the workplace, such as grand rounds, has helped to build a culture of collegiality in health care organizations.

Purpose of Project

The purpose of the project was to evaluate the impact of APPGR on APP's level of self-efficacy, or confidence, in networking with or seeking advice from APPs in other departments; specifically, did participating in APPGR make APP's more confident to seek advice or information from an APP outside of their own department. The project provided APPs at OSUWMC with routine opportunities to network while gaining continuing education credit through bimonthly APPGR live or on-demand programs.

Clinical Practice Problem Statement

The clinical question or PICOT for this project was a meaning question. Meaning questions are relevant when your focus is on the perception or experience of the population that you are interested in (Melnyk & Fineout-Overholt, 2015). Meaning questions do not require a comparison group as there is no comparison to an individual's perception or experience (Melnyk & Fineout-Overholt, 2015). The meaning question for this project is, "How do APPs (P) with opportunities to participate in the organization's APPGR events (I), perceive their level of self-efficacy or confidence in seeking advice or information from APPs outside of their department to care for their patients (O) during March 2015-March 2016 (T)?

Project Objectives

The project objectives were as follows:

1. Provide regular opportunities for APPs to obtain continuing education credit through bimonthly APPGR events at OSUWMC.
2. Promote interactive dialogue among APPGR participants and speakers during APPGR events.
3. Determine if increased participation in APPGR increases the level of self-efficacy in seeking advice from, networking with, APPs in other specialties.

Chapter Two: Review of Literature

Evaluation/Summary of the Evidence from the Literature

Relevant history. Grand rounds, in both medicine and nursing, has been seen as a forum for networking among diverse clinical specialties, recognizing clinical expertise of peers, and forming collegial bonds outside of individual specialties (Furlong, D'Luna-O'Grady, Macari-Hinson, O'Connel, & Pierson, 2007; Howell, 2010). Medical grand rounds have been in existence since 1889 when doctors would gather at Johns Hopkins Hospital to discuss complex medical cases as a group (Johns Hopkins Medicine website, n.d.). Literature regarding the implementation of nursing grand rounds, likely based on the concept of medical grand rounds, dates back to the 1960s (Lannon, 2005).

Description of search. The initial terms used to search the literature for information on Advanced Practice Grand Rounds were: Advanced Practice Provider, Advanced Practice Nurse, nurse practitioner, physician assistant, Mid-level Provider, Physician Extender and physician, using the Boolean term "OR.". Additional terms used were Grand Rounds, continuing education and hospital education, also using the Boolean term, "OR.". Finally, the author used the terms communication, networking, relations and collaboration, using the Boolean term, "OR.". The databases searched were PubMed, CINAHL, Health & Psychosocial Instruments, Health Source: Nursing Academic Edition, Scopus and Cochrane Library. An additional search was done on Google using the words Advanced Practice Provider, Advanced Practice Nurse, nurse practitioner, physician assistant, Mid-level Provider, Physician Extender and physician along with Grand Rounds and relations. There were no meaningful limits placed on the search.

Critical appraisal. The literature review revealed six articles for critical appraisal (Appendices B & C). Two of the six articles were recommended for use in the body of evidence

for the project. Smyth & Abernethy (2013) speak to the importance of nursing grand rounds leading to networking with peers with a sample size of 400 participants who filled out a post grand rounds evaluation. However, the study was only conducted within one center. Howell (2010) described the positive impact of medical grand rounds on networking and referrals among physicians. The remaining four articles focused on the appropriateness of topics, materials and speakers for nursing grand rounds; and how to best implement nursing grand rounds in health care organizations (Furlong et al., 2007; Gardner, Woollett, Daly, Richardson, & Aitken, 2010; Lannon, 2005; Wolak, Cairns, & Smith, 2008). Unfortunately, the literature review and rapid critical appraisal have not led to a collection of evidence to be able to support a claim of best practice. Although there are articles in the literature regarding the implementation of nursing grand rounds, little exists on APP grand rounds specifically.

The literature regarding networking and communication through grand rounds specific to APPs is lacking, however, there is literature that speaks to the importance of ongoing professional development opportunities, mentorship, networking, communication and knowledge transference for APPs (Tori & Morley, 2011; Wilson, Wainwright, Stehly, Stoltzfus, & Hoff, 2013). A Cochrane Collaboration review on the effects of continuing education meetings on health care outcomes and professional practice included 81 randomized control trials from 1999-2006 (Forsetlund et al., 2009). The systematic review summarized that there was a positive association between the number of times that health care providers attended educational meetings and how often their patients met the goals of treatment (Forsetlund et al., 2009).

Literature regarding the grand rounds experience for physicians and nurses speaks to how the experience leads to better patient outcomes by fostering communication, collaboration and networking of participants (Furlong et al., 2007; Howell, 2010). In addition to the networking

component, continuing education at grand rounds events leads to the sharing of knowledge, evidence-based practice (EBP) and quality improvement initiatives among health care professionals in the organization (Furlong et al., 2007; Lannon, 2005).

The ANA Code of Ethics for nursing describes the importance of interdependence and shared decision-making in the nursing profession (American Nurses Association [ANA], 2015). Effective communication and collaboration among health care professionals is essential to good patient care. Clinical conversations account for the majority of information flow in a health care organization, and if compromised, can give rise to morbidity and mortality (Coiera, 2000).

An expert panel on core competencies for interprofessional collaborative practice explains the need for coordination and collaboration among diverse health care professionals to treat illness and promote health (Interprofessional Education Collaborative Expert Panel, 2011). The report describes four competency domains for interprofessional collaborative practice: 1) Values/Ethics for Interprofessional Practice, 2) Roles/Responsibilities for Collaborative Practice, 3) Interprofessional Communication Practices and 4) Interprofessional Teamwork and Team-based Practice (Interprofessional Education Collaborative Expert Panel, 2011, p. 15). The report describes that health care providers must recognize the limits of their professional expertise and the need for collaboration as the health care environment of today is complex (Interprofessional Education Collaborative Expert Panel, 2011). Networking with other health care professionals allows for interdependent relationships and improved patient care in the organization (Interprofessional Education Collaborative Expert Panel, 2011).

Presentation of Theoretical Basis

Theoretical framework. The theoretical framework upon which the project is based is that of Self-Efficacy. Self-Efficacy is a central part of Albert Bandura's overarching Social

Cognitive Theory which declares that human functioning is a dynamic system that is directly influenced by the individual's cognitions, behaviors and the performance environment (McCormick, 2001). Self-Efficacy focuses on one's belief in their own ability to reach a goal or complete a task and is developed by one's external experiences (Bandura, 1997). Bandura (1997) explains that an individual's efficacy belief in their power to affect situations will strongly influence the choices the individual is likely to make and the power they have to face challenges with confidence. The DNP project focused on learning whether participation in APP Grand Rounds made APPs feel more confident, increasing the level of self-efficacy, in reaching out to APPs in other departments for advice or information. In other words, did participation in APPGR serve to improve interdepartmental networking among APPs in the organization? The thought was that the more times the APP participated in APPGR, the higher the level of confidence or self-efficacy they would have in reaching out to other APPs in the organization.

Evidence-based practice model. The evidence-based practice model used to guide the initiation of APPGR was Melnyk and Fineout-Overholt's (2015) ARCC (Advancing Research and Clinical Practice Through Close Collaboration) model (Appendix D). This model focuses on the assessment of organizational readiness for change by identifying strengths and barriers and addressing them prior to implementation of the change. The author spent time working with stakeholders early-on to get buy-in for the implementation of APPGR in the organization by reviewing the strengths of APPGR with them and addressing how the author would manage potential barriers to APPGR. The Director of Advanced Practice Providers bought into the concept early-on which made it simpler for the author to get buy-in from other leaders of the organization.

Chapter Three: Methods

Research Design

The project used a cross-sectional observational correlational design. The author used an exit survey which sought to measure APP's perceptions of how their participation in APPGR impacts the likeliness of reaching out to APPs in other departments for advice or information. The project sought to determine if there is a correlation between higher participation in APPGR events and higher levels of confidence in reaching out to APPs in other departments for advice or information.

The project took place at OSUWMC. APPGR was implemented in March 2015 at OSUWMC with live, one hour meetings occurring bimonthly thereafter. APP participation was considered if they had attended any of the live meetings. APPs who did not attend a live meeting were not approached during the data collection process. The observational design type worked well for this project because the group that the author was interested in observing could not be randomized as the meeting is open to all employees of the medical center. The author had no control over the independent variable of participation in APPGR. The observational correlational design allowed the author to analyze the quantitative relationship between APPGR participation and perceived increase in the likeliness of APPs reaching out for advice or information from APPs in other departments.

Sample

A convenience sampling design was used for the project. The convenience sampling design allowed the author to collect information from APPs at OSUWMC that participated in one or more APPGR events. The target population for data collection in the project was advanced practice providers and APP students at OSUWMC. Advanced practice providers

include certified nurse practitioners, certified clinical nurse specialists, certified registered nurse anesthetists, certified nurse midwives and physician assistants. There are close to four hundred APPs at OSUWMC. Although all APPs are invited to participate in APPGR, the typical number of participants that participated during the observational period was less than thirty. The data was collected from APPs who participated in APPGR at OSUWMC. Each time an APP participated in an APPGR meeting they were approached for data collection which means that they may have provided data for the project more than once during the period of observation. The participants were asked to indicate the number of APPGR events they had attended on the survey in order to account for potential bias.

Inclusion criteria included any APP that had participated in one or more APPGR meetings at the time of each data collection point bimonthly. Participation in APPGR was defined as attending a live APPGR one-hour meeting. Exclusion criteria included: those who tuned in to an APPGR live webcast or watched a one- hour video of an APPGR recorded meeting, those who participated in APPGR that were not APPs and APPs at OSUWMC who did not participate in APPGR. Those who participated by live webcast or watched a recorded meeting were excluded due to the fact that the author was unable to secure a way to determine who those participants were during the observation period.

Instrument/Measurement Method

The instrument used for this project was a survey tool to assess perceptions or opinions of APPs who participated live, in-person, in APPGR at OSUWMC (Appendix E). The survey was provided to the participants at the same time that they received the CE evaluation form for the APPGR event. The questions on the survey measured the number of times an APP had

participated in an APPGR event as well as the APPs' level of self-efficacy, or level of confidence, in reaching out to another APP at OSUWMC.

Following a live APPGR meeting, the author gathered data from the APPs through a survey which included a simplified, task-specific, self-efficacy scale. The self-efficacy scale asked APPs to rate their level of confidence that participating in the APPGR event(s) had increased the likelihood that they would seek advice or information from an APP in another department. All questions had a range of individual options for participants to check so as to minimize the types of responses. Confidence level was assessed by asking respondents to indicate their level of confidence that participating in the APPGR event(s) had increased the likelihood that they would seek advice or information from an APP in another department on a scale ranging from "Strongly Agree" to "Strongly Disagree".

Bandura (1997) describes that beliefs of personal efficacy contribute positively to the motivation of individuals. With this in mind, the author expected that participation in APPGR would allow APPs to gain the confidence or personal efficacy required to reach out to, network with, other APPs at OSUWMC. The survey also asked the APP how many total APPGR meetings they had participated in at the time of completing the questions. This allowed the author to quantify the relationship between APPGR participation and perceived increase in the likeliness of APPs reaching out for advice or information from APPs in other departments.

The survey was handed to participants upon entry to each live APPGR session, along with the CE evaluation form, to be completed at the conclusion of the session. There was no time limit for completion of the survey, but the participant did not get their CE certificate until they completed a session evaluation form.

The content validity of the survey was determined by selected APPs to ascertain whether the questions were truly asking about networking and communication among APPs at OSUWMC. This was completed prior to the first data collection date in November 2015.

Informed consent was obtained as part of the exit survey. The informed consent script was at the top of the exit survey. A sentence at the top of the exit survey indicated that by providing answers to the survey, they were providing consent to have their answers used for a DNP project. Volunteers helped to pass out the paper evaluation forms and exit survey at the beginning of the live meeting as is typically done when participants attend an event that includes a CE. At the end of the live meeting the volunteers collected the paper evaluation forms and surveys that had been completed by participants upon their exiting the room and provided them with a paper CE certificate. Most, if not all, participants at the live events completed the evaluation form as it is required to obtain CE credit.

Utility/Feasibility

Utility. The OSUWMC Vision is "Working as a team, we will shape the future of medicine by creating, disseminating and applying new knowledge, and by personalizing health care to meet the needs of each individual" (The Ohio State University Wexner Medical Center OneSource website, n.d.). The project was created with this vision in mind.

It is widely known that disseminating EBP is the best way to ensure the best health care delivery and the best patient outcomes (Melnyk & Fineout-Overholt, 2015). APPGR can be used as an avenue to disseminate EBP in the organization. With little opportunity to do literature searches during the work day, APPs in the organization benefit greatly from getting EBP information at continuing education events such as APPGR. Knowledge can be disseminated on

a consistent basis with events such as grand rounds, but nursing uses this method sporadically while medicine incorporates it routinely (Wolak, Cairns, & Smith, 2008).

Although medical and nursing grand rounds has existed for over 50 years, not all medical organizations have implemented nursing grand rounds and even fewer organizations have implemented advanced practice provider grand rounds. APPGR is a way to inform a change in APP professional practice by giving credibility to the practice of knowledge-sharing in the organization (Moran, Burson, & Conrad, 2014). One of the recommendations from the Institute of Medicine's Future of Nursing report was that nurses have lifelong learning opportunities beginning as students and extending throughout their nursing careers (Institute of Medicine [IOM], 2010). Networking and mentoring at APPGR was proposed as a way of maintaining the transference of knowledge through generations of APP professionals. APPGR provides an excellent opportunity for mentorship of new graduates and less-skilled APPs and intra-practice collegiality which can improve overall job satisfaction for the group (Faris, Douglas, Maples, Berg, & Thraikill, 2010).

Finding ways to share EBP and quality improvement initiatives is key to large health care organizations maintaining an adequate level of reimbursement with the implementation of the Affordable Care Act (ACA). The Centers for Medicare and Medicaid (CMS), with the implementation of the ACA, plans to reward hospitals through incentive programs for improving the quality of patient care that they provide (Centers for Medicare & Medicaid Services [CMS], 2010). The most successful organizations will be able to share new knowledge, EBP and quality initiatives, and facilitate its integration into everyday practice. DNPs, many of which are advanced practice providers at OSUWMC, are well equipped to do this with APPGR being the venue (American Association of Colleges of Nursing [AACN], 2006, p. 11).

Feasibility. APPGR topics and location of bimonthly live events were coordinated in advance by the author through communication with the APP Director and APP colleagues who wished to present at APPGR events. The author met with key stakeholders to ensure that the word got out to all APPs at OSUWMC and the event was coordinated well in advance of each live event. Stakeholders that were contacted in advance for their buy-in were the APP Director of the OSU Health System, APP Director of the Comprehensive Cancer & Critical Care Tower (CCCT), Marketing Director, Continuing Nursing Education Director, Director of Continuing Education for Advanced Practice in CCCT, Continuing Medical Education Coordinator, Director of Evidence-Based Practice in Nursing, Technology & Media Events Coordinator and Room Scheduling Coordinator.

The author met with key stakeholders as well as some of the APP participants and presenters of live APPGR events to gain insight on the best way that live events and on-demand versions could be most interactive. The author met with presenters in advance of live events to encourage a dialogue between the presenter and the APP audience during the live presentation, such as providing opportunities for dialogue among colleagues to determine answers to the presenters' posed questions. The author met with the marketing and media staff to determine ways to allow those who participated via live-streaming to be included in the dialogue, ensuring that they would have a way to ask questions and dialogue with those present at the live event but there was not sufficient time to get this put into place during the project timeframe. In addition to gaining support from key stakeholders, the author was given approval to do the project at OSUWMC, as described, by the OSU Feasibility Review Committee (FRC). The project did not require IRB approval as it is a process improvement/quality improvement project.

Data Analysis

At the end of the data collection period, the author sorted the data for each answer provided by the APP participants on the exit surveys. Each answer created a separate category. Unanswered questions were not tallied in any way. Once the data had been sorted, the author determined the number of times that an APP participated in APPGR and the association between frequency of participation and level of confidence in reaching out to communicate with APPs in other departments. High confidence levels with communication and networking among APPs were tallied next to high levels of participation in APPGR to easily see the association. The data summary shows whether or not the participant actually sought out information or advice while at each APPGR as well as participants who attended only once but sought out other APPs at the APPGR event for advice or information while at the APPGR session.

Chapter Four: Findings

Results

APPGR began in March of 2015 and there had been a total of seven live bimonthly APPGR events at the time of the last data collection for the project. There were three APPGR events in which the author collected data in the form of exit surveys. Data was collected at the following live bimonthly APPGR events: November 10, 2015; January 26, 2016 and March 22, 2016. A total of seventy-six participants (70 APPs and 6 APP students in the OSUWMC APP Fellowship) completed the exit survey and had attended between one and seven live APPGR events (Appendix F). To the question, "How many times have you participated in APPGR, live or on-demand, at OSUWMC?", 76 people responded. Of those, 56.6% had participated one time in APPGR while the remaining 43.3% had participated two or more times. To the question, "My participation in APPGR events has increased my confidence level in seeking advice from or contacting an APP outside of my own department", 75 people responded. Of those, 74.6% agreed that their participation in APPGR events increased their confidence level in seeking advice from or contacting an APP outside of their department. To the question, "Did you seek advice or information from an APP outside of your own department as a result of participating in this APPGR event today?", 73 people responded. Of those, 28.8% indicated that they had sought advice from an APP outside of their own department on the day of the APPGR event.

Of the 56.6% who had participated in one APPGR event, 72% agreed that their confidence level to seek advice from or contact an APP outside of their department had increased. Of the 19.7% who had participated in APPGR two times, 87% agreed that their confidence level to seek advice from or contact an APP outside of their department had increased. Of the 13.2% who had participated in APPGR three times, 78% agreed that their

confidence level to seek advice from or contact an APP outside of their department had increased. Of the remaining 10.4% who had participated four or more times in APPGR, 63% agreed that their confidence level to seek advice from or contact an APP outside of their department had increased. As the participation in APPGR increased, the percentage of participants who agreed to an increased level of confidence in reaching out to APPs outside of their own department did not increase with it.

Similarly, there was not an increase in those who sought advice or information from an APP outside of their department, on the day of an APPGR event, as the participation level in APPGR increased. Of the 56.6% who had participated one time in APPGR, 30% indicated that they had sought advice from another APP that day. Of the 19.7% who had participated twice, 27% indicated that they had sought advice from another APP that day. Of the 10% who had participated three times, 20% indicated that they had sought advice from another APP that day. Of the remaining 10.4% who had participated four or more times in APPGR, 38% indicated that they had sought advice from another APP that day.

Overall, the utilization of APPGR was determined to be favorable as a means of increasing interdepartmental APP networking at OSUWMC with the rate of APPGR participation being irrelevant. Of those surveyed, 74.6% agreed that their participation in APPGR events, irrespective of how many they had participated in, increased their confidence level in seeking advice from or contacting an APP outside of their department. The majority of participants did not seek out advice from other APPs while at an individual APPGR event, but the results support that participation in APPGR increases the participant's confidence level in seeking advice from or contacting an APP outside of their own department. The implementation of APPGR can be a robust way for OSUWMC to ensure that there is interdepartmental

networking among APPs in the organization. Improved marketing of such events as well as the opportunity of additional time for face-to-face interactions among APPs at live events would be beneficial in the future.

Discussion

APPGR can be as valuable to APPs as medical grand rounds is to physicians. Medical grand rounds is known for leading to cohesion in organizations and increased physician networking with improved physician-to-physician referrals when patient care requires a specialist (Howell, 2010; Van Hoof, Monson, Giannotti, & Meehan, 2009). Something that APPs must be cautious about, however, is that the larger the event becomes the higher the risk that smaller groups may wish to split off from the main event and coordinate their own departmental grand rounds. For example, there are surgical and medical grand rounds at OSUWMC as well as separate grand rounds for specialties such as Cardiology and Behavioral Health. What was once an organizational level medical grand rounds, over time, has separated into various smaller grand rounds events for specialties at a departmental level. If APPGR were to separate as such, it could negatively impact the level of networking among APPs in different departments at OSUWMC and encourage working in silos as they do currently.

Overall, 74.6% of those surveyed agreed that their participation in APPGR events increased their confidence level in seeking advice from or contacting an APP outside of their department. There was not a strong correlation between the number of times that attendees had participated in APPGR and their level of confidence in reaching out to APPs in other departments, but the highest number of participants in any individual APPGR event during this project was only 29. If the participation in individual APPGR were higher, the data would be more representative of what the value of participation in APPGR is for the 400 APPs at

OSUWMC. Importantly, many of those who had only participated in one of the seven events agreed that their confidence level in seeking advice or contacting an APP outside of their department had increased after attending the event. This shows that those who come to APPGR already value grand rounds for APPs and already have a high level of confidence in reaching out to other APPs at OSUWMC.

APP participants who stated that they sought out advice from another APP at the time of the live APPGR event was 28.8%. Again, there were only 29 participants max at any individual event. The sample size was small. It is difficult to know how many of the 400 APPs at OSUWMC might have reached out to other APPs at a single event if they all had participated. A large number of APP participants, after attending only one live event, felt confident in reaching out to APPs in other departments. In addition, not having any time carved out for networking among APPs at the APPGR events is likely negatively impacting the APPs' ability to reach out to another APP at the time of the live event in question. The author would have liked to have had more time to work on ways to get APPs interacting more at the APPGR events. Unfortunately, the speakers took the entire hour with little time before or after their presentation for networking among participants. In order for APPs to become more familiar with who other APPs are and where other APPs work, there needs to be time allotted at these events for communication and networking outside of the presentation time.

Interprofessional networking and collaboration focuses on teamwork among health care professionals from different disciplines within an organization with the goal of working together to care for the patient in the best way possible, as one multidisciplinary team. Similarly, interdepartmental networking and collaboration, which is what the author promoted with this project, focuses on teamwork between departments among professionals in disciplines with some

overlap (advanced practice registered nurses and physician assistants). Health care organizations must find ways to directly support the communication among clinical staff by providing the infrastructure needed to keep communication channels open between different departments and disciplines (Coiera, 2000). Van Hoof, Monson, Giannotti, & Meehan (2009) explain that medical grand rounds provide a mechanism for making social contacts with colleagues which helps with cohesion in organizations. OSUWMC is nurturing teamwork and interdepartmental networking and communication by supporting APPGR.

Conclusions

Implementing bimonthly APPGR at OSUWMC in March 2015 has been a positive move for the organization. Attendance levels at APPGR have increased at each event as the marketing and word-of-mouth improves. APPs do not have much time away from direct patient care at OSUWMC to network with APPs in other departments which keeps the knowledge and expertise of each department's advanced practice providers stuck within a silo rather than being shared throughout the organization. Providing opportunities for APPs to learn from one another and develop a network of contacts through participation in APPGR promotes building teams of health care professionals to provide the best care for patients.

In order for health care organizations to survive in this new day in health care with such complex medical conditions and systems, they have to embrace ways to improve the sharing of knowledge and evidence-based practice among departments as well as among disciplines. APPGR has provided OSUWMC with a venue for APPs to share knowledge and the latest evidence. Not only will they share knowledge and evidence at these live events, but will have more confidence to reach out to APPs in other departments that they have met through participation in APPGR if they have a question or need advice that will help them take better care of their patients.

There is more work to be done on the format of APPGR so that there is more interaction among APP participants at the events and many of those who have participated thus far find APPGR increases their level of confidence in partaking in networking with those outside of their own departments, which serves to improve overall patient outcomes (Interprofessional Education Collaborative Expert Panel, 2011). APPGR should continue to be provided for APPs at OSUWMC with additional effort spent on improving marketing to increase participation and

allotting time for APP interactions outside of the presentation time during each live APPGR event.

Chapter Five: Summary

Study Summary

Interprofessional networking and collaboration focuses on teamwork among health care professionals from different disciplines within an organization with the goal of working together to care for the patient in the best way possible, as one multidisciplinary team. Similarly, interdepartmental networking and collaboration focuses on teamwork between departments among professionals in disciplines with some overlap (advanced practice registered nurses and physician assistants). With the implementation of the Patient Protection and Affordable Care Act of 2010 (ACA), the health care industry is focused on ensuring high-quality care that is safe and promotes activities that allow frontline health care workers to share best quality improvement practices leading to excellence in the delivery of health care services (American Academy of Nursing, 2010).

Advanced practice providers have had few opportunities to step away from direct patient care to network with other APPs at OSUWMC. This lack of opportunity for interdepartmental networking in such a large organization lends itself to these providers working in silos, becoming experts within their specialty or department, without reaching out to other APPs in the organization to consult with them or share their expertise. The author sought to implement APPGR in an effort to increase opportunities for APP networking and communication at OSUWMC. The author believed that by providing opportunities for APPs to meet and interact with one another, an APPGR event, might improve the APP's level of confidence in reaching out to APPs outside of their department.

Limitations

Limitations of the project relate to the number of participants in the data collection and the allotted time provided for networking among APPs at the APPGR live events. There are nearly 400 APPs at OSUWMC, yet the highest number of participants at any of the three APPGR events used for data collection was twenty-nine. The author would have liked to have had a larger sample size to be able to apply the results of the project to the general population of APPs at OSUWMC. Given more time, marketing could be improved to get more APPs to participate.

There were APPs who participated in APPGR by viewing the APPGR event on-demand following the live presentation. Unfortunately, the CNE staff was unable to determine the names of the APPs who had accessed the on-demand version of the APPGR so the author was unable to ask them to participate in the data collection. In addition, there was not a fail-proof way to know who participated by live-streaming at the time of the event. There was an email created for participants to notify the author if they were live-streaming the event, but it is unclear if this communication came through to those participants. Data was not collected from those who participated through live-streaming or on-demand for this project. Given more time for data collection, the author may have determined a way to collect data from these two groups of participants.

There was no time set aside before or after live events for participants to spend time networking with one another. The author would have liked to have more time to sort out a creative way to allow for APP networking time surrounding the live presentations.

Implications for Nursing Practice and to the DNP Essentials

Significance to nursing and health care. Health care cost, quality and safety is being carefully scrutinized as the United States has the most expensive health care but ranks last when compared to 11 other nations in health outcomes (Davis, Stremikis, Squires, & Schoen, 2014). The Institute of Medicine's report on the Future of Nursing makes it clear that the United States needs to transform health care and the nursing profession has an opportunity to shine (IOM, 2010). The IOM report recommended professional equity by proposing that "nurses should be full partners, along with physicians and other health care professionals, in redesigning health care in the United States" (IOM, 2010, p. 3). The idea, according to the IOM (2010), is to cultivate nursing leaders within the profession to advance the profession and be accountable for nursing's contributions to high-quality care. APPs are being used in health care more than ever before due to the Accreditation Council for Graduate Medical Education (ACGME) decreasing resident work hours over the last several years (Wilson et al., 2013). Health care organizations must ensure that APPs are provided with ample opportunities for ongoing professional development and training to optimize clinical outcomes (Wilson et al., 2013). Routine opportunities for continuing education and networking are key components of APP professional development.

With the implementation of the Patient Protection and Affordable Care Act of 2010 (ACA), the health care industry is focused on ensuring high-quality care that is safe and promotes activities that allow frontline health care workers to share best quality improvement practices leading to excellence in the delivery of health care services (American Academy of Nursing, 2010). There are few opportunities for APPs to share quality improvement practices and evidence-based practice outside of their own departments because they are not given

protected time, outside of direct patient care, to network with other APPs. APPGR provides APPs with opportunities to share quality improvement and evidence-based practices with one another across departments.

The American Nurses Association (ANA) Code of Ethics with Interpretive Statements (Code of Ethics) Provision 2.3 speaks to the importance of collaboration in nursing (ANA, 2015). It encourages interdependence and shared decision-making among nurses when it comes to addressing the health needs of the patient and the public. The ANA Code of Ethics Provision 7.1 speaks to the advancement of the profession through education and knowledge development (ANA, 2015). APPGR provides an opportunity for APPs to talk with one another about patient cases, share expertise and knowledge, and enhance the professional practice of the APPs who participate.

Relevance to the DNP essentials. The Doctor of Nursing Practice (DNP) Essential III speaks to the importance of "translation of research into practice and the dissemination and integration of new knowledge" (AACN, 2006, p. 11). APPGR is a way for a DNP scholar to facilitate the translation of research into practice and the dissemination of new knowledge in the organization. DNP Essentials VI, VII and VIII speak to how nursing can contribute to high-quality health care (AACN, 2006). Essential VI speaks to how the DNP's "advanced preparation in the interprofessional dimension of health care enable(s) them to facilitate collaborative team functioning and overcome impediments to interprofessional practice" (AACN, 2006, p. 14). The DNP is prepared to assume leadership of a team that is made up of professionals from various departments or specialties, such as what is done when hosting APPGR events, and can play a central role in moving the team toward collaboration and networking with one another to improve patient outcomes. Essential VII speaks to the DNP leader working to engage the team in

clinical prevention for the nation. This can be done at an organizational level through health prevention and promotion topics being presented at APPGR events. Finally, Essential VIII speaks to how the DNP can "guide, mentor, and support other nurses to achieve excellence in nursing practice" and "develop and sustain therapeutic relationships and partnerships with patients and other professionals to facilitate optimal care and patient outcomes" (AACN, 2006, p. 17). APPGR can be a way for the DNP leader to facilitate networking among APPs at OSUWMC to enhance relationship-building among all APPs, new or seasoned, in the organization.

Future Directions

The sustainability of APPGR depends upon how it is valued by the organizational leadership and to APPs within the organization. The continued support by administrative leaders for sustaining the cost of bimonthly meetings for APPs, APP time away from direct patient care for one hour every other month, media and marketing costs for the one hour live events as well as the live-streaming video, continuing education department time and effort to produce videos for on-demand viewing, and APPGR committee time and effort for coordination of APPGR events is needed for future program success. The physician leaders in each department will need to support APPGR as it will take the APP on their team away from direct patient care in order to participate in APPGR. Physician coverage of direct patient care might be required during the time that the APP is participating in grand rounds. Getting the support of the physician leaders in each department will involve the author, along with other key stakeholders in the organization, being able to get their buy-in on how APPGR can improve interdepartmental networking which leads to improvement in patient outcomes. In order to show that APP patient care improves with the participation in APPGR, the author would like to consider pre and post tests for APPGR

presentations. If participation in APPGR were mandatory, then the pre and post tests could be done annually to assess knowledge gained after APPs have participated in multiple APPGR events.

The APPs in the organization need to continue to support APPGR by agreeing to present their scholarly work and latest evidence-based practice at APPGR events when called upon and by participating in as many APPGR events that they can throughout the year. One way that participation in APPGR could be improved is by making it mandatory that APPs participate in a certain number of APPGR events annually. APPGR participation level would be reviewed at the time of the APP's annual evaluation. The professional development piece of the annual evaluation could be fulfilled with speaking/presenting at an OSUWMC APPGR event. APPGR participation could also be counted in the medical center's APP clinical advancement (similar to clinical ladder) program that APPs can apply for each year at OSUWMC. If APPGR becomes mandatory, then it would be important to ensure that the APPs of the organization find it valuable.

The author would like to survey participants in APPGR again in the future after providing specific time for networking and communication for APPs at grand round events outside of the time allotted for the presentation. If APPs were provided face-to-face time to network with one another at the live APPGR events, then the correlation between participation rate and confidence level in reaching out to APPs in other departments would likely increase. In order to improve upon the networking time, the author would like to encourage presenters to keep their presentations to 45 minutes and allow for 15 minutes of networking and interactive time for APPs either before or after the presentation. The speaker could initiate interactive discussion before or after the presentation to stimulate networking among participants. APPs will get to

know one another through this networking and likely have a higher level of confidence to network with, reach out to, one another outside of APPGR events. The author would like to survey participants who participate through live-streaming or on-demand to see if they too have increased confidence levels with increased participation in APPGR events. Future surveys would include open-ended questions as anecdotal comments from participants might help to clarify the efficacy and/or networking pieces.

The author would like to see APP grand rounds become a cultural norm in other medical centers around the country as it is clear that advanced practice providers are being used more and more in health care organizations with decreasing numbers of physicians going into primary care and resident working hours being increasingly restricted (Wilson et al., 2013). APPs, along with all health care disciplines, need to have ongoing opportunities to gain continuing education and to network and consult within departments, between departments and between organizations if we hope to improve patient outcomes across the country. The author would like to see APPGR move from an organizational level to a professional level whereby APPs across the state, and perhaps across the country, are able to participate.

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Appendix A

Summary of Select Questions from 2014 Advanced Practice Provider Needs Assessment

N=109

5=Strongly Agree 4=Agree 3=Neutral 2=Disagree 1=Strongly Disagree

- **I think that a regularly scheduled continuing education process for Advanced Practice Providers could lead to improved patient outcomes.**

  5=67 **(61%)** **4=**34 **(31%)** **3=**6 **(5%)** **2=**2 **(2%)** **1=**0 **(0%)**

- **I think that my employer should provide continuing education opportunities to Advanced Practice Providers**

  5=85 **(77%)** **4=**21 **(19%)** **3=**3 **(3%)** **2=**1 **(1%)** **1=**0 **(0%)**

- **I value the ability to contact an advanced practice colleague directly when I have a patient care question that requires their expertise.**

  5=88 **(80%)** **4=**17 **(15%)** **3=**4 **(4%)** **2=**0 (0%) **1=**0 **(0%)**

- **I would like to have more opportunities to network with other Advanced Practice Providers at this medical center.**

  5=66 **(60%)** **4=**33 **(30%)** **3=**10 **(9%)** **2=**1 **(1%)** **1=**0 **(0%)**

Appendix B

Synthesis Table

PICOT: How do APPs (P) with opportunities to participate in the organization's APPGR events (I), perceive their level of self-efficacy or confidence in seeking advice or information from APPs outside of their department to care for their patients (O) during March 2015-March 2016 (T)?

Study/ Author	**Year**	**# Participants**	**Type of structured education**	**Study Design**	**Intervention**	**Major Findings that address your question**
Furlong	2007	44	NGR	CS Q	Implementation of NGR to increase nurse's knowledge	↓None
Gardner	2010	44	NGR	CS Q	Implementing NGR as a way to improve satisfaction or perception of work environment	↓NGR failed to show a difference
Howell	2010	4	MGR	CS Q	Obtaining expert opinions regarding the relevance of MGR	↑Positive effect on networking with NGR
Lannon	2005	Unknown	NGR	CS Q	Implementation of NGR to promote nursing excellence	↓None
Smyth	2013	400	NGR	CS Q	Implementation of NGR for increase in networking opportunities	↑Positive effect on networking with NGR
Wolak	2008	14	NGR	CS Q	Have an inaugural NGR session to assess level of perceived value	↔NGR, in general, seen as valuable although not specifically networking

MGR, medical grand rounds; NGR, nursing grand rounds; CS, cross-sectional analysis by participant evaluations or survey; Q, quasi-experimental study with no comparison group

Appendix C

Evaluation Table

PICOT: How do APPs (P) with opportunities to participate in the organization's APPGR events (I), perceive their level of self-efficacy or confidence in seeking advice or information from APPs outside of their department to care for their patients (O) during March 2015-March 2016 (T)?

Citation	Outcome Measurement
Furlong, K. M. et al. (2007). *Clinical Nurse Specialist CNS,* 21 (6), 287-291.	Does the implementation of NGR in a community hospital foster the development of nurses from novice to expert?
Conceptual Framework	Data Analysis
Benner's theoretical framework of skill acquisition	% of positive responses to survey questions
Design/Methods	Findings
CS Q	89% said subject material appropriate 91% said speaker held their interest 95% said handouts useful 89% said audiovisuals beneficial
Sample/Setting	Level of Evidence
N=44 NGR attendees after attending NGR in community hospital in Newport Beach, California	VI
Major Variables Studied and Definitions	Quality of Evidence: Critical Worth to Practice
Independent variables: Nurses who attended NGR Dependent variables: 1) Materials and speaker at NGR acceptable to attendees. 2) Awareness of NGR.	**Low:** Not helpful. More about taking staff nurses from novice to expert by way of NGR. No information about communication and not specifically about APPs

CS, cross-sectional analysis by participant evaluations or survey; Q, quasi-experimental study with no comparison group; E, expert opinion; NGR, nursing grand rounds; GR, grand rounds; APPs, advanced practice providers

Citation	Outcome Measurement
Gardner, G. et al. (2010). Nurse Education Today, 30 (8), 737-741.	Does the implementation of NGR have an effect on work life satisfaction or perception of work environment of nurses in the surgical ward?
Conceptual Framework	Data Analysis
None	1)The Nursing Worklife Satisfaction Scale and The Index of Work Satisfaction 2) The Practice Environment Scale
Design/Methods	Findings
CS Q	No statistically significant difference seen in the pre and post tests on either scale
Sample/Setting	Level of Evidence
N=44 acute surgical ward NGR attendees before and after attending NGR in Queensland, Australia	VI
Major Variables Studied and Definitions	Quality of Evidence: Critical Worth to Practice
Independent variables: Nurses who attended NGR Dependent variables: 1)Nursing work life satisfaction 2)Nursing work environment	Low: Slightly helpful in that it showed no difference in perception of work environment which would be something that could have been impacted by the level of networking or communication at the NGR event. Not about APPs though.

CS, cross-sectional analysis by participant evaluations or survey; Q, quasi-experimental study with no comparison group; E, expert opinion; NGR, nursing grand rounds; GR, grand rounds; APPs, advanced practice providers

Citation	Outcome Measurement
Howell, W.L.J. (2010). *Hospitals & Health Networks,* 84 (6), 10.	What do experts such as physicians and educators think about the relevance of medical grand rounds?
Conceptual Framework	Data Analysis
None	N/A
Design/Methods	Findings
E	Positive opinions about the relevance of medical ground rounds
Sample/Setting	Level of Evidence
N=4 Expert opinions regarding medical grand rounds relevance	VII
Major Variables Studied and Definitions	Quality of Evidence: Critical Worth to Practice
N/A	**Medium:** Helpful. They report the need for person-to-person connection with GR and increasing opportunities for physicians to form collegial bonds outside of their specialties which can be transferred to APPs and GR. They also speak to increased referrals to specialties when you have met them personally through GR.

CS, cross-sectional analysis by participant evaluations or survey; Q, quasi-experimental study with no comparison group; E, expert opinion; NGR, nursing grand rounds; GR, grand rounds; APPs, advanced practice providers

Citation	Outcome Measurement
Lannon, S. L. (2005). *Journal for Nurses in Staff Development: JNSD: Official Journal of the National Nursing Staff Development Organization,* 21 (5), 221-226.	Can NGR be employed to acknowledge an institution's nursing excellence?
Conceptual Framework	Data Analysis
None	7 item Likert Scale
Design/Methods	Findings
CS Q	Presenters had an overall positive opinion of NGR as a way to promote nursing excellence
Sample/Setting	Level of Evidence
N= not specifically stated NGR attendees at a University hospital in North Carolina	VI
Major Variables Studied and Definitions	Quality of Evidence: Critical Worth to Practice
Independent variables: Nurses who presented at NGR from Oct 2003 to June 2004 Dependent variables: 1) Presenters opinion about the experience of presenting at NGR.	**Low:** Not helpful. Does not address networking or communication or APPs.

CS, cross-sectional analysis by participant evaluations or survey; Q, quasi-experimental study with no comparison group; E, expert opinion; NGR, nursing grand rounds; GR, grand rounds; APPs, advanced practice providers

Citation	Outcome Measurement
Smyth, W. & Abernethy, G. (2013). *Journal of Continuing Education in Nursing,* 44 (5), 203-8	Do nurses attend NGR for the peer networking opportunities?
Conceptual Framework	Data Analysis
None	Post NGR evaluation open ended comments
Design/Methods	Findings
CS Q	Direct comments from participants speak to the good networking and interactive nature of NGR
Sample/Setting	Level of Evidence
N=400 over 1 year and 9 mos. NGR attendees at large regional health service in Queensland, Australia	VI
Major Variables Studied and Definitions	Quality of Evidence: Critical Worth to Practice
Independent variables: Nurses who attended NGR Nov 2010-Aug 2012 Dependent variables: Number of nurses attending NGR related to it being a networking opportunity	**Medium:** Helpful, even though not specific to APPs. Not only did nurses attend the NGR but medical staff and allied health staff attended as well and the evaluation comments focused on peer networking as a key reason for attendance.

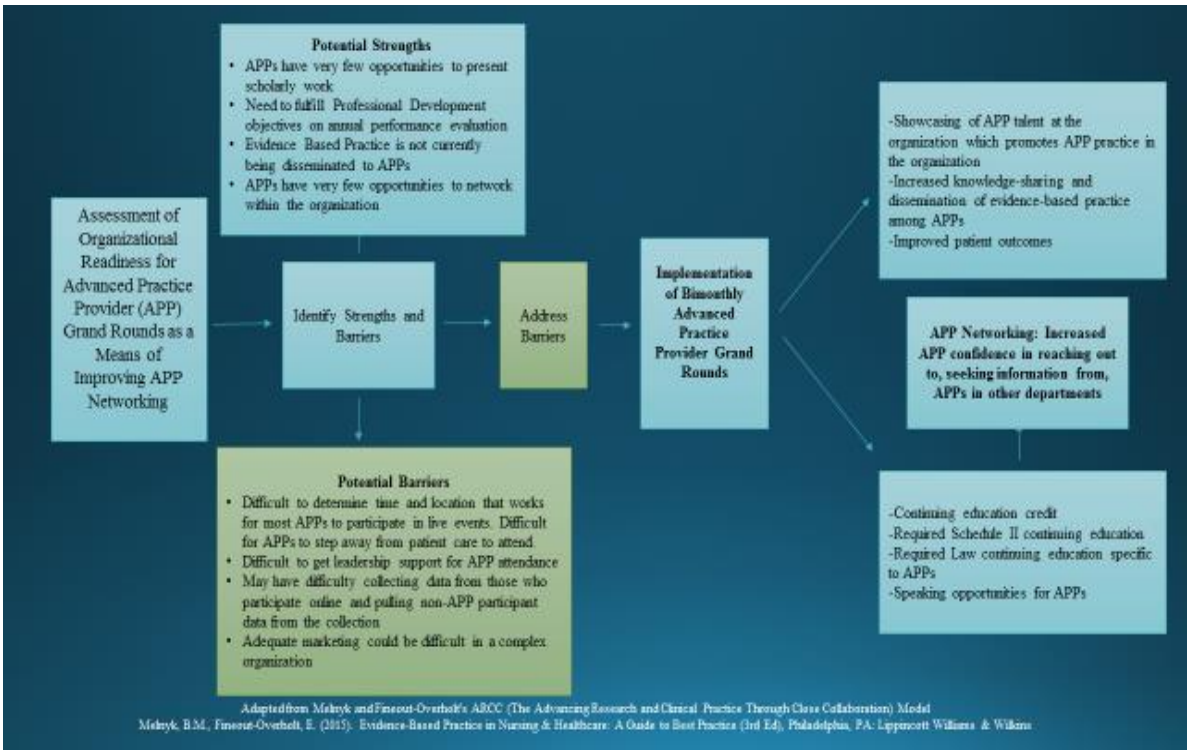
CS, cross-sectional analysis by participant evaluations or survey; Q, quasi-experimental study with no comparison group; E, expert opinion; NGR, nursing grand rounds; GR, grand rounds; APPs, advanced practice providers

Citation	Outcome Measurement
Wolak, E. S. et al. (2008). *Journal of Continuing Education in Nursing,* 39 (4), 173-178.	Do nurses who attended the inaugural NGR session perceive the value of NGR as being high one year after attending?
Conceptual Framework	Data Analysis
None	5-point assessment survey with 7 questions on it.
Design/Methods	Findings
CS Q	Overall mean score of 26.7 (SD=4.3) with scores ranging from 17-28 showing that overall participants believed NGR presentation to be worthwhile
Sample/Setting	Level of Evidence
N=14 Post evaluation and 1 year follow up survey of NGR attendees at a NGR case presentation	VI
Major Variables Studied and Definitions	Quality of Evidence: Critical Worth to Practice
Independent variables: Nurses who attended an inaugural NGR session Dependent variables: Perception of quality that renders NGR as valuable	**Low:** Not helpful. Small sample size. Only 14 of 49 attendees participated. Also, it was an assessment of perception of quality after only one event. It does not speak to APPs and did not speak of networking.

CS, cross-sectional analysis by participant evaluations or survey; Q, quasi-experimental study with no comparison group; E, expert opinion; NGR, nursing grand rounds; GR, grand rounds; APPs, advanced practice providers

Appendix D

Evidence-Based Practice Model



Appendix E

Advanced Practice Provider Grand Rounds (APPGR) Exit Survey

By responding to the questions below, I am providing consent to have my answers used for a DNP project.

1. **How many times have you participated in APPGR, live or on-demand, at OSUWMC? Circle One.**

   1 2 3 4 5 6 7

2. **Circle the number that best reflects your thoughts on the following statement: *My participation in APPGR events has increased my confidence level in seeking advice from or contacting an APP outside of my own department.***

   5 = Strongly Agree 4 = Agree 3 = Neutral 2 = Disagree 1 = Strongly Disagree

3. **Did you seek advice or information from an APP outside of your own department as a result of participating in this APPGR event today? Circle One.**

   YES NO

4. **I am a: Circle all that apply.**

   CNP CNS CRNA CNM PA

Thank you for your participation in this DNP project.

Appendix F

Table 1: Participation in APPGR

Question	*N*	*Response*	*Frequency*	*Percent*
How many times have you participated in APPGR, live or on-demand, at OSUWMC?	*76*	*1*	*43*	*56.6*
	.	*2*	*15*	*19.7*
	.	*3*	*10*	*13.2*
	.	*4*	*3*	*3.9*
	.	*5*	*3*	*3.9*
	.	*6*	*1*	*1.3*
	.	*7*	*1*	*1.3*

Table 2: APPGR Participation Increasing the Level of Confidence in Seeking Advice or Contacting other APPs

Question	*N*	*Response*	*Frequency*	*Percent*
My participation in APPGR events has increased my confidence level in seeking advice from or contacting an APP outside of my own department	*75*			
Strongly Disagree		*1*	*3*	*4.0*
Neutral	*.*	*3*	*16*	*21.3*
Agree	*.*	*4*	*37*	*49.3*
Strongly Agree	*.*	*5*	*19*	*25.3*

Table 3: Seeking Advice or Information from an APP on Day of APPGR Event

Question	*N*	*Response*	*Frequency*	*Percent*
Did you seek advice or information from an APP outside of your own department as a result of participating in this APPGR event today?	*73*			
No		*0*	*52*	*71.2*
Yes	*.*	*1*	*21*	*28.8*

Table 4: Relationship Between APPGR Participation Level and Networking Confidence Level

	Increased confidence level									
	Strongly Disagree		**Neutral**		**Agree**		**Strongly agree**		**Overall**	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Participation Level										
1	**1**	**2**	**11**	**26**	**22**	**51**	**9**	**21**	**43**	**100**
2	**1**	**7**	**1**	**7**	**7**	**47**	**6**	**40**	**15**	**100**
3	**1**	**11**	**1**	**11**	**6**	**67**	**1**	**11**	**9**	**100**
4 or more	**.**	**.**	**3**	**38**	**2**	**25**	**3**	**38**	**8**	**100**
Overall	**3**	**4**	**16**	**21**	**37**	**49**	**19**	**25**	**75**	**100**

Table 5: Relationship Between APPGR Participation Level and Networking on Day of APPGR

	Sought advice or information					
	No		**Yes**		**Overall**	
	N	**%**	**N**	**%**	**N**	**%**
Participation Level						
1	**28**	**70**	**12**	**30**	**40**	**100**
2	**11**	**73**	**4**	**27**	**15**	**100**
3	**8**	**80**	**2**	**20**	**10**	**100**
4 or more	**5**	**63**	**3**	**38**	**8**	**100**
Overall	**52**	**71**	**21**	**29**	**73**	**100**